



MISSOURI DEPARTMENT OF REVENUE
MOTOR VEHICLE BUREAU
**APPLICATION FOR PERMIT TO OPERATE AS A
MOTOR VEHICLE/MARINECRAFT LEASING COMPANY**
(SEE INSTRUCTIONS ON REVERSE SIDE)

FORM

901

(REV. 11-07)

LEASE/RENTAL NUMBER

EXPIRATION YEAR

SECTION A: DO NOT WRITE IN THE SHADED AREAS OF THIS FORM

				1. TELEPHONE NUMBER (INCLUDE AREA CODE)	
				2. PERSON TO CONTACT	
				MAIL TO:	
				STREET	
				CITY	COUNTY
				STATE	ZIP CODE

IMPORTANT: If you are a corporation, partnership, or individual doing business under another name (DBA), record your legal name in Section 3 and your DBA in Section 3a.

3. BUSINESS NAME				3A. DBA NAME	
STREET		COUNTY		4. MISSOURI RETAIL SALES TAX LICENSE NUMBER	
CITY	STATE	ZIP CODE	5. REGISTRATION NUMBER ON FILE WITH THE MISSOURI SECRETARY OF STATE'S OFFICE		
6. MOTOR VEHICLE DEALER NUMBER		7. BOAT DEALER NUMBER		8. SALVAGE BUSINESS NUMBER	
EXP. YEAR		EXP. YEAR		EXP. YEAR	
9. TYPE OF OPERATION:		10. TYPE OF UNITS LEASED/RENTED:		11. SALES TAX OPTION SELECTED	
<input type="checkbox"/> A. LEASE <input type="checkbox"/> B. RENTAL <input type="checkbox"/> C. LEASE & RENTAL		<input type="checkbox"/> A. MOTOR VEHICLES <input type="checkbox"/> B. BOATS <input type="checkbox"/> C. OUTBOARD MOTORS		<input type="checkbox"/> D. TRAILERS <input type="checkbox"/> E. OTHER ELECTS NOT TO PAY THE TAX DUE AT THE TIME OF REGISTRATION OF ALL OF ITS MOTOR VEHICLES, TRAILERS, WATERCRAFT OR OUTBOARD MOTORS BUT WILL COLLECT AND REMIT ALL APPLICABLE TAXES ON THE AMOUNT CHARGED FOR EACH RENTAL OR LEASE AGREEMENT WHILE THE UNIT IS DOMICILED IN THIS STATE.	
12. TYPE OF OWNERSHIP <input type="checkbox"/> 1. INDIVIDUAL <input type="checkbox"/> 2. PARTNERSHIP <input type="checkbox"/> 3. CORPORATION (STATE OF INCORPORATION):					

LIST ANY BRANCH LOCATIONS IF APPLICABLE: (USE SEPARATE SHEET IF NECESSARY)

13. NAME	ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO.

OWNER(S)

14. LIST ALL OWNERS BELOW: (IF A CORPORATION, LIST ALL PRINCIPAL OFFICERS. ATTACH SEPARATE SHEET FOR ADDITIONAL OWNERS)

LAST NAME	FIRST	MI	HOME ADDRESS	CITY	STATE	ZIP CODE	HOME TELEPHONE NO.
1.							
2.							
3.							
4.							

15. I HEREBY CERTIFY THAT THE COMPANY NAMED HEREIN IS ENGAGED IN THE BUSINESS OF RENTING OR LEASING MOTOR VEHICLES, TRAILERS, BOATS AND/OR OUTBOARD MOTORS, WHICH ARE TO BE USED EXCLUSIVELY FOR RENTAL OR LEASING PURPOSES, AND NOT FOR RESALE. I FURTHER RESOLVE, AS THE AUTHORIZED OFFICER OF SAID COMPANY, THAT I HAVE ELECTED TO EXERCISE THE SALES TAX OPTION STATED IN BLOCK # 11 ABOVE AS PROVIDED IN SECTION 144.070, RSMo., WITH RESPECT TO ALL UNITS HELD FOR RENTING OR LEASING PURPOSES. I FURTHER CERTIFY THAT ALL THE INFORMATION RECORDED HEREIN IS TRUE AND ACCURATE.

SIGNATURE OF OWNER OR OFFICER LISTED ABOVE	TITLE	DATE
--	-------	------

SECTION B: COMPLETE THIS SECTION IF THE BUSINESS NAMED IN SECTION A IS A DIVISION OF A CORPORATION

16. NAME OF PARENT CORPORATION	ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO.
17. LIST ALL OTHER DIVISIONS AND THEIR ADDRESSES (USE SEPARATE SHEET OF PAPER IF NECESSARY)					
NAME OF DIVISION	ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO.
1.					
2.					

18. I HEREBY CERTIFY THAT I AM A CORPORATE OFFICER OF (CORPORATE NAME) _____ AND THAT THE APPLICANT NAMED IN SECTION A IS A DIVISION OF SAID CORPORATION. I AUTHORIZE THE APPLICANT NAMED IN SECTION A TO APPLY TO THE DIRECTOR OF REVENUE FOR A PERMIT TO OPERATE AS A LEASE/RENTAL COMPANY IN THE STATE OF MISSOURI. APPLICANT AGREES TO COMPLY WITH ITEMS 1 THROUGH 3 ON THE BACK OF THIS APPLICATION.

SIGNATURE OF OFFICER OF PARENT CORPORATION	DATE
--	------

FOR OFFICE USE ONLY

DATE APPROVED	DATE REJECTED	APPROVED BY	
---------------	---------------	-------------	--

If the applicant registering as a leasing/rental company is a division of a corporation, the applicant must affirm and declare that:

1. Any transfer of a motor vehicle, trailer, boat or outboard motor from one division of a corporation which authorizes a division to register as a motor vehicle leasing company, to another division shall be a "sale at retail" as defined in Section 144.010 RSMo;
2. It operates each of its divisions on a basis separate from each of its other divisions, in the same manner and to the same extent where applicable as if they were separate from each of its other divisions, in the same manner and to the same extent where applicable as if they were separate corporations, and will notify the Director of Revenue of any material change in the foregoing at least ten (10) days prior thereto; and
3. It agrees to follow and be bound by all rules and regulations promulgated by the Director of Revenue for the administration and enforcement of Section 144.070.6, RSMo, relating to motor vehicle leasing companies.

Attention Renewing Lease/Rental Companies: Please check the SHADED areas of the application for correct information. Complete the corresponding WHITE areas ONLY if the SHADED area is incorrect. Always fill in the blank when there is no corresponding SHADED area or computer information.

Return completed application to: ATTN: LEASE/RENTAL REGISTRATION DESK, MOTOR VEHICLE BUREAU, P O BOX 43, JEFFERSON CITY, MO 65105-0043.

Questions regarding this application should be referred to (573) 751-4469.
Visit our Web Site at: www.dor.mo.gov/mvdl.